



IFW

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/617,482
		Filing Date	July 11, 2003
		First Named Inventor	Szyperski
		Group Art Unit	2859
		Examiner Name	D. Vargas
Total Number of Pages in This Submission		Attorney Docket Number	19226/2191 (R-5770)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
		Remarks
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Alice Y. Choi Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1508 Fax: (585) 263-1600	
Signature	<i>Alice Y. Choi</i>	
Date	June 17, 2004	
Registration No. 45,758		

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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June 17, 2004

Date

Sherri A. Moscato

Signature

Sherri A. Moscato

Typed or printed name



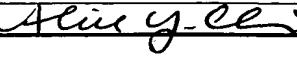
FEE TRANSMITTAL FOR FY 2004

Note: Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 45)

<i>Complete if Known</i>	
Application Number	10/617,482
Filing Date	July 11, 2003
First Named Inventor	Szyperski
Examiner Name	2859
Art Unit	D. Vargas
Attorney Docket No.	19226/2191 (R-5770)

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					
<input type="checkbox"/> Deposit Account: Deposit Account Number 14-1138					
<input type="checkbox"/> Deposit Account Name Nixon Peabody LLP					
The Commissioner is authorized to: (check all that apply)					
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<input checked="" type="checkbox"/> Charge any additional fee(s)					
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FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description			
				Fee Paid	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 0)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Extra Claims					
Total Claims	98	-93** =	5	X 9	= 45
Independent Claims	10	-10** =	0	X 43	= 0
Multiple Dependent			X 145	= 0	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$ 45)	
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June 17, 2004				Signature	
Date				Sherri A. Moscato	
				Typed or printed name	
SUBMITTED BY					
Name (Print/Type)		Alice Y. Choi		Complete (if applicable)	
Registration No. (Attorney/Agent)		45,758		Telephone	
Signature				(585) 263-1508	
				Date	
				June 17, 2004	

SEND TO: Commissioner for Patents
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PATENT
Docket No.:19226/2191 (R-5770)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) :	Szyperski et al.)	Examiner:
)	D. Vargas
Serial No. :	10/617,482)	
)	Art Unit:
Cnfrm. No. :	2835)	2859
)	
Filed :	July 11, 2003)	
)	
For :	A METHOD OF USING G-MATRIX FOURIER) TRANSFORMATION NUCLEAR MAGNETIC) RESONANCE (GFT NMR) SPECTROSCOPY) FOR RAPID CHEMICAL SHIFT) ASSIGNMENT AND SECONDARY) STRUCTURE DETERMINATION OF) PROTEINS))	
)	

**PRELIMINARY AMENDMENT AND
RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 31 of this paper.

06/23/2004 EAREGAY1 00000093 10617482

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